



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of )

THOMAS D. NORDQUIST )

Serial No.: 10/696,925 )

Filed: October 30, 2003 )

For: AVIATION TIRE )

Customer No. 00002636 )

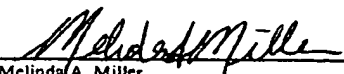
Group Art Unit 3644

John W. Eldred, Examiner

Confirmation No. 8209

**Certificate of Mailing**

I hereby certify that this correspondence was deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this February 17, 2005.

  
Melinda A. Miller

**TRANSMITTAL SHEET**

Enclosed are the following documents:

Request for Continued Examiner (RCE)

Preliminary Amendment

Request for Extension of Time

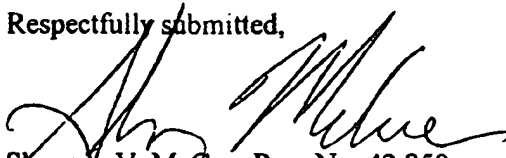
Check in the Amount of \$620.00

Return Receipt Postcard

**AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT**

The Director is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 18-0987.

Respectfully submitted,



Shannon V. McCue, Reg. No. 42,859  
Renner, Kenner, Greive, Bobak, Taylor & Weber  
First National Tower  
Fourth Floor  
Akron, Ohio 44308  
(330) 376-1242

03/08/2005 DBATES 00000004 180987 10696925  
February 17, 2005  
01 FC:2201 100.00 DA

TND.P.0001

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

10/696 925

**CLAIMS AS FILED - PART I**

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | *            |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 150.00 |
| X\$ 25=   |        |
| X100=     |        |
| +180=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 300.00 |
| X\$50=    |        |
| X200=     |        |
| +360=     |        |
| TOTAL     |        |

**CLAIMS AS AMENDED - PART II**

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT A   | 2/22/5     | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | *          | 8                                | Minus **20 =                       |
| Independent   | *          | 4                                | Minus ***3 = 1                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25=          |                |
| X100=            | 100            |
| +180=            |                |
| TOTAL ADDIT. FEE | 100            |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$50=           |                |
| X200=            |                |
| +360=            |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT B   |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | *          |                                  | Minus ** =                         |
| Independent   | *          |                                  | Minus *** =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25=          |                |
| X100=            |                |
| +180=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$50=           |                |
| X200=            |                |
| +360=            |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT C   |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | *          |                                  | Minus ** =                         |
| Independent   | *          |                                  | Minus *** =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

| RATE    | ADDITIONAL FEE |
|---------|----------------|
| X\$ 25= |                |
| X100=   |                |
| +180=   |                |

| RATE   | ADDITIONAL FEE |
|--------|----------------|
| X\$50= |                |
| X200=  |                |
| +360=  |                |